

03-02-09
IAP19 Rec'd PCT/PTO 27 FEB 2009
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Approved for use through 3/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 1963-9371US																								
Application Number 10/577,232		Filed April 26, 2006																								
For ECTOPARASITICIDAL FORMULATIONS OF SPINOSYNS AND AZOLE PESTICIDES																										
Art Unit 1623		Examiner E. Peselov																								
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table><thead><tr><th></th><th>Fee</th><th>Small Entity Fee</th><th></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$130</td><td>\$65</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$490</td><td>\$245</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$1110</td><td>\$555</td><td>\$1110.00</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1730</td><td>\$865</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2350</td><td>\$1175</td><td>\$ _____</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1469</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>62,497</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.</p> <p>Registration number if acting under 37 CFR 1.34. _____</p> <p><u>Steffen Soller</u> Signature Steffen Soller Typed or printed name</p> <p>February 27, 2009 Date 801-532-1922 Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p>CERTIFICATE OF MAILING</p> <p>Express Mail Label Number: <u>EM330552439US</u></p> <p>Date of Deposit: <u>February 27, 2009</u></p> <p>Person Making Deposit: <u>Robert J. Gueck</u></p>				Fee	Small Entity Fee		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$1110.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ _____
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If you need assistance in completing the form, call 1-800-PTO-6199 and select option 2.

03/03/2009 GFREY1 00000050 10577232

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1110.00 DP

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
for FY 2007**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1266.00

Complete if Known

Application Number	10/577,232
Filing Date	4/26/2006
First Named Inventor	Mertens et al.
Examiner Name	E. Peselev
Art Unit	1623
Attorney Docket No.	1963-9371US

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____☒ Deposit Account Deposit Account Number: 20-1469 Deposit Account Name: TraskBritt, PC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s)☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

25

Each independent claim over 3 (including Reissues)

200

100

Multiple dependent claims

360

180

Total Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

23 - 20 or HP = 3 x 52 = 156.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

_____ - 3 or HP = _____ x _____ = _____

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3. APPLICATION SIZE FEE

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Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Extension of Time

Fees Paid (\$)

1110.00

03/03/2009

DEFEV1 00000050 10577232

02 FC:1615

SUBMITTED BY

156 26 00

Signature

Registration No.
(Attorney/Agent)

62,497

Telephone

801-532-1922

Name (Print/Type)

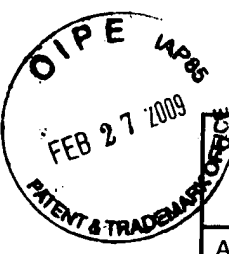
Steffen Soller

Date

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1963-9371US

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Art Unit 1623

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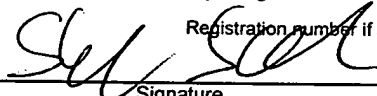
I am the

☐ applicant/inventor.☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 62,497☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. _____



Signature

Steffen Soller

Typed or printed name

February 27, 2009

Date

801-532-1922

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

CERTIFICATE OF MAILING

Express Mail Label Number: EM330552439USDate of Deposit: February 27, 2009Person Making Deposit: Robert J. Gueck

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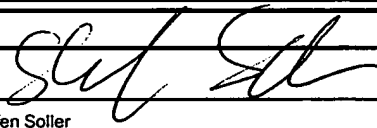
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SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	62,497	Telephone	801-532-1922
Name (Print/Type)	Steffen Soller	Date	February 27, 2009		

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